

## **Application Data Sheet**

### **Application Information**

|                                 |                  |
|---------------------------------|------------------|
| Application number::            |                  |
| Filing Date::                   | 10/22/03         |
| Application Type::              | Continuation     |
| Subject Matter::                | Utility          |
| Title::                         | BALLOON CATHETER |
| Attorney Docket Number::        | 021186-001520US  |
| Request for Early Publication:: | No               |
| Request for Non-Publication::   | No               |
| Suggested Drawing Figure::      | 8A               |
| Total Drawing Sheets::          | 9                |
| Small Entity?::                 | Yes              |
| Petition included?::            | No               |
| Secrecy Order in Parent Appl.:: | No               |

### **Applicant Information**

|   |                 |
|---|-----------------|
| Applicant Authority Type::              | Inventor        |
| Primary Citizenship Country::           | US              |
| Status::                                | Full Capacity   |
| Given Name::                            | JOHN            |
| Family Name::                           | MILLER          |
| City of Residence::                     | Redwood City    |
| State or Province of Residence::        | CA              |
| Country of Residence::                  | US              |
| Street of Mailing Address::             | 603 Vera Avenue |
| City of Mailing Address::               | Redwood City    |
| State or Province of mailing address::  | CA              |
| Postal or Zip Code of mailing address:: | 94061           |

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: MARTIN  
Family Name:: DIECK  
City of Residence:: Cupertino  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 21105 Hazelbrook Drive  
City of Mailing Address:: Cupertino  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95014

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: MARIA  
Family Name:: ABOYTES  
City of Residence:: East Palo Alto  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2249 Clarke Avenue  
City of Mailing Address:: East Palo Alto  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94303

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: RYAN  
Middle Name:: K.  
Family Name:: PIERCE  
City of Residence:: Mountain View

State or Province of Residence:: CA  
Street of Mailing Address:: 728 Calderon Avenue  
City of Mailing Address:: Mountain View  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94041

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

|                  |                         |                      |                      |
|------------------|-------------------------|----------------------|----------------------|
| Application::    | Continuity Type::       | Parent Application:: | Parent Filing Date:: |
| This Application | Continuation of         | 10/085,589           | 02/28/02             |
| 10/085,589       | Continuation-in-part of | 09/892,349           | 06/26/01             |

### **Assignee Information**

Assignee Name:: Concentric Medical, Inc.  
Street of mailing address:: 1380 Shorebird Way  
City of mailing address:: Mountain View  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94043